

June 4, 1998

Mr. Larry Coble
Regional Supervisor
North Carolina DEHNR
585 Waughtown Street
Winston-Salem, NC 27107

RECEIVED
N.C. Dept. of EHNR

JUN 08 1998

Winston-Salem
Regional Office

Subject: UST Annual Tank Fees
Norfolk & Western Railway Company
Auto Car Ramp
5031 Old Walkertown Road
Facility ID No. 0-015171
Winston-Salem, NC 27105
UST Owner Telephone #: (540) 981-5185

Telephone

910.299.9998

Emergency

910.288.5979

Facsimile

910.299.0655

Dear Mr. Coble:


Attached are copies of the latest *Underground Storage Tank Operating Permit Application*, two separate closure reports for various sized tanks formerly located onsite, and an *Assessment and Remedial Summary* for the above referenced facility.

Norfolk and Western Railway Company has been notified of current tank fees owed to NCDENR for a UST believed to be 9,999 gallons, and containing a "Gasoline/Mixture." Based on a recent site visit and the review of the closure reports associated with the site, Earth Tech believes that this tank was removed on May 5, 1994 by Earth Tech, formerly Environmental Technology of North America, Inc. The discrepancy between the capacity of the tank (1000 gallons) documented in the closure report and the capacity of the tank (9,999 gallons) reported on the UST Operating Permit Application is thought to be attributed to a default setting within the NCDENR's computer that automatically assigns a tank capacity of 9,999 gallons to any tank with an unknown capacity. Furthermore, of the four tanks removed by Earth Tech at the site, only the one removed in May 1994 contained gasoline and it was reportedly used for fueling automobiles after they were off-loaded from the railcars. This tank is located on the northwest corner of the property adjacent to the former car off-loading ramp.

Please review and advise Norfolk Western Railway Company. Call if there are any questions.

Very truly yours,

Earth Tech, Inc.


Eric K. Lintz, PG
Project Manager

EKL/ sdl

cc: Gibson Barbee (Norfolk & Western Railway Company)
Gilbert Turner (Norfolk & Western Railway Company)

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location.
[SEE MAP ON REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL
OFFICE ADDRESS].

State Use Only

I.D. Number _____

Date Received _____

INSTRUCTIONS

Complete and return within (30) days following completion of site investigation.

I. Ownership of Tank(s)

Owner Name: NORFOLK & WESTERN RAILWAY CO.

Incorporation, Individual, Public Agency, or Other Entity

Street Address: 110 FRANKLIN RD, SECounty: N/ACity: ROANKE State: VA Zip Code: 24042Telephone Number: (703) 981-4994

(Area Code)

II. Location of Tank(s)

Facility Name: NORFOLK & WESTERN AUTO CAR RAMP

(or Company)

Facility ID # (if available): 0-015171Street Address 5031 OLD WALKERTOWN RD.

(or State Road)

County: FORSYTH City: WINSTON-SALEM Zip Code: 27105Telephone Number: (910) 724-4311

(Area Code)

III. Contact Person

Name: JEROME E. WILLIAMSJob Title: ENGINEER ENVIRONMENTAL DESIGN Tel. No.: 703-981-4994Insurance Contractor: TECHNOLOGY, INC.Address: 311-J S. WESTGATE DR, GREENSBORO, NC Tel. No.: 910-299-9998

Primary Consultant:

Address:

Tel. No.:

Name: AQUACHEM ENVIRONMENTAL LAB, INC. Address: 11176 DOWNS RD, PINEVILLE, NCTel. No.: 704-588-5076

IV. U.S.T. Information

V. Excavation Condition

VI. Additional Information Required

| Tank No. | Size in Gallons | Tank Dimensions | Last Contents | Water in Excavation | | Free Product | | Notable Odor or Visible Soil Contamination | |
|----------|-----------------|-----------------|---------------|---------------------|----|--------------|----|--|----|
| | | | | Yes | No | Yes | No | Yes | No |
| 1 | 1000 | 4' x 10' 7" | GASOLINE | | X | | X | | X |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

See reverse side of pink copy (owner's copy) for additional information required by N.C. - DEM in the written report and sketch.

NOTE: The site assessment portion of the tank closure must be conducted under the supervision of a Professional Engineer or Licensed Geologist. After Jan. 1, 1994, all closure site assessment reports must be signed and sealed by a P.E. or L.G.

VII. Check List (Check the activities completed)

PERMANENT CLOSURE (For Removing or Abandoning-in-place)

- ☒ Contact local fire marshal.
☒ Notify DEM Regional Office before abandonment.
☒ Drain & flush piping into tank.
☒ Remove all product and residuals from tank.
☒ Excavate down to tank.
☒ Clean and inspect tank.
☒ Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures.
☒ Cap or plug all lines except the vent and fill lines.
☒ Purge tank of all product & flammable vapors.
☒ Cut one or more large holes in the tanks.
☒ Backfill the area.
Date Tank(s) Permanently closed: 5/25/94
Date of Change-in-Service: _____

ABANDONMENT IN PLACE

- ☐ Fill tank until material overflows tank opening.
☐ Plug or cap all openings.
☐ Disconnect and cap or remove vent line.
☐ Solid inert material used - specify: _____

REMOVAL

- ☒ Create vent hole.
☒ Label tank.
☒ Dispose of tank in approved manner.
Final tank destination: SOUTHERN TANK & ENVIRONMENTAL
CHARLOTTE, NC

VIII. Certification (Read and Sign)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Print name and official title of owner or owner's authorized representative

Signature

Date Signed

TRK LINTZ / PROJECT MANAGER (EIT)6-22-94

NORTH CAROLINA REGIONAL WASTE TREATMENT PLANTS, BY FACILITY NAME

| TANK ID | TANK CAPACITY | CAS/ CERCLA | OWNER | INSTALL DATE | DATE REMOVED | TANK STATUS | PROD MAT | INT | EXT | PIP | CER LD TYP | LD TK | LD PI | COR COR |
|---------------------------------|-------------------------------|--------------------------|----------------------------------|--------------|--------------|-------------|-------------------------|-----|-----|-----|------------|-------|-------------------|-------------------------------|
| 0-015171 | NORFOLK & WESTERN AUTO CAR RA | 5031 OLD WALKERTOWN ROAD | 110 FRANKLIN ROAD, S.E. | 1972/05/11 | 1990/10/03 | P | WINSTON-SALEM ROANOKE | 1 | 3 | 15 | 12 | 9 | NC 27105 VA 24042 | (703) 981-4994 |
| 1 | 10,000 | | | 1972/05/11 | 1990/10/03 | P | | 6 | 3 | 15 | 12 | 9 | | (703) 981-4994 |
| 2 | 3,000 | | | 1972/05/11 | 1990/10/03 | P | | 14 | 3 | 15 | 12 | 9 | | |
| 3 | 500 | | | 1972/05/11 | 1990/10/03 | P | | 3 | 3 | 12 | 8 | 6 | N N U | N |
| 4 | 9,999 | | | 1964/01/01 | | T | | | | | | | | |
| 0-024639 | NORFOLK & WESTERN RAILWAY CO | 600 GAYNOR STREET | 8 NORTH JEFFERSON STREET | 1972/01/01 | 1990/09/26 | P | WINSTON-SALEM ROANOKE | 3 | 3 | 15 | 12 | 9 | NC 27102 VA 24042 | (703) 981-4154 |
| 1 | 1,000 | | | | | | | | | | | | | |
| 0-015466 | NORTH CAROLINA BAPTIST HOSPIT | 300 SOUTH HANTHORNE ROAD | MEDICAL CENTER BLVD. | 1970/01/01 | | C | WINSTON-SALEM | 2 | 3 | 13 | 3 | 6 | NC 27103 NC 27157 | (919) 748-3440 |
| 1 | 46,000 | | | 1970/01/01 | | C | WINSTON-SALEM | 2 | 3 | 13 | 3 | 6 | | |
| 2 | 46,000 | | | 1976/04/26 | 1992/07/13 | P | | 1 | 3 | 15 | 6 | 9 | | |
| 25308 | 10,000 | | | 1975/04/25 | 1988/11/01 | P | | 1 | 3 | 15 | 12 | 9 | | |
| 40236 | 500 | | | 1970/04/26 | 1992/04/30 | P | | 1 | 3 | 15 | 12 | 9 | | |
| 40237 | 500 | | | 1985/04/22 | 1992/04/30 | P | | 3 | 2 | 13 | 5 | 6 | | |
| 40239 | 4,000 | | | 1986/09/22 | 1994/08/12 | P | | 1 | 3 | 13 | 5 | 9 | | |
| 40240 | 1,000 | | | 1986/04/22 | 1994/06/05 | P | | 1 | 3 | 13 | 12 | 6 | | |
| 6 | 500 | | | 1976/04/24 | 1992/07/13 | P | | 1 | 3 | 15 | 6 | 6 | | |
| 84236 | 2,500 | | | | | | | | | | | | | |
| 0-015697 | NORTH CAROLINA EQUIPMENT COMP | OLD 421 LOOP ROAD | 7620 WEST MARKET STREET | 1967/05/12 | 1990/12/30 | P | KERNERSVILLE GREENSBORO | 1 | 3 | 15 | 12 | 9 | NC 27284 NC 27409 | (910) 299-2121 (910) 299-2121 |
| 1 | 1,000 | | | 1967/05/12 | 1990/12/30 | P | | 3 | 3 | 15 | 12 | 9 | | |
| 2 | 2,000 | | | | | | | | | | | | | |
| 0-029642 | NORTH FORSYTH HIGH SCHOOL | 5705 SHATTALON DRIVE | PO BOX 2513 - 1605 MILLER STREET | 1964/01/01 | | C | WINSTON-SALEM | 8 | 3 | 13 | 6 | 3 | NC 27105 NC 27103 | (910) 661-4880 (910) 727-2816 |
| OWNER: WS/FC BOARD OF EDUCATION | | | | 1964/01/01 | | C | WINSTON-SALEM | 8 | 3 | 13 | 6 | 3 | | |
| 460-1 | 10,000 | | | 1964/01/01 | | C | | 8 | 3 | 13 | 6 | 3 | | |
| 460-2 | 10,000 | | | 1964/01/01 | | C | | 8 | 3 | 13 | 6 | 3 | | |
| 460-3 | 8,000 | | | 1964/01/01 | | C | | 8 | 3 | 13 | 6 | 3 | | |
| 460-4 | 2,000 | | | 1971/01/01 | 1996/05/20 | P | | 3 | 3 | 13 | 11 | 6 | A H A D A | |

DATE RECEIVED

STATE USE ONLY

I.D. NUMBER

I. OWNERSHIP OF TANK(S)

II. LOCATION OF TANK(S)

Norfolk & Western Railway Co. (N&W)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

110 Franklin Road, S.E.

Street Address

N/A

County

Roanoke, Virginia

City

State

Zip Code

(703) 981-4994

Area Code

Phone Number

(If same as Section 1, mark box here ☐)

Norfolk & Western Auto Car Ramp

Facility Name or Company Site Identifier

5031 Old Walkertown Road

Street Address or State Road

Forsyth

County

Winston-Salem, 27105

City (nearest)

Zip Code

Type of Owner (mark all that apply)

☒ Current☐ State or Local Gov't☐ Former☐ Federal Gov't
(GSA facility I.D. no.)☒ Private or
Corporate
☐ Ownership
Uncertain

Facility I.D. # if assigned 0-015171

Indicate number of regulated tanks at this location

Indicate number of all tanks at this location

Mark box here if tank(s) are located on land within
an Indian reservation or on other Indian trust lands☒ 4☒ 4☐Remain
IN-
PLACE
3 Closed
1990

III. CONTACT PERSON FOR TANK LOCATION

Jerome Williams

Name

Design Engineer Environmental (703) 981-4994

Job Title

Area Code

Phone Number

IV. TYPE OF NOTIFICATION (Mark "X" for all that apply)

☒

EXISTING UST

☐

UST UPGRADE

☐

NEW UST

☐

Change of Ownership

☐

LEAK DETECTION (LD) Certification

☒AMENDMENT of a previous notification for these
USTs at this facility

Existing UST

New UST

LD Certification

UST "Upgrade"

an UST system installed on or before December 22, 1988.

an UST system installed after December 22, 1988.

notification of compliance with leak detection requirements.

addition of corrosion protection and spill/overflow prevention equipment.

- UST LAST USED
IN MID 1970'S

V. DESCRIPTION OF ALL USTs AT THIS FACILITY

Tank Identification No.

A, B, C, or 1, 2, 3.

Tank No. 4

Tank No. _____

Tank No. _____

Tank No. _____

Tank No. _____

Tank No. _____

1. Date of Installation

Pre-1972

2. Total Capacity (Gallons)

± 500

3. Materials of Construction
(Choose all that apply)A. FRP (fiberglass reinf. plast.)
O. Other (specify) SteelB. Steel (with dielectric coating)
U. Unknown

C. Steel/FRP Composite

Tank No. _____

Tank Piping

Tank No. _____

Tank Piping

Tank No. _____

Tank Piping

Tank No. _____

Tank Piping

Tank No. _____

Tank Piping

Tank No. _____

Tank Piping

1. Codes listed above

0

0

4. Certification of Installation (Refer to North Carolina Administrative Code, Title 15A, Subchapter 2N, Section .0301) [use all codes that apply]

A. The installer has been certified by the
tank and piping manufacturers.C. Installation inspected and certified
by a registered professional engineer.E. Manufacturer's installation work
check-lists has been completed.

Tank No. _____

Tank No. _____

Tank No. _____

Tank No. _____

Tank No. _____

Tank No. _____

1. Installation Codes
(A, B, or C)

N/A

Date Install. Completed

I certify that the information concerning installation provided in Part V. Item 4 (above) is true to the best of my belief and knowledge.

Installer:

N/A

Print Name

Job Title

Company Name

Company Address

Signature

Date

| | | | |
|-------------------------|-----------------------|-------------------|------------------------|
| Piping System | P. Pressurized System | S. Suction System | G. Gravity Feed System |
| Tank No. <u>4</u> | Tank No. _____ | Tank No. _____ | Tank No. _____ |
| Use Piping system codes | <u>3</u> | | |

Leak Detection [LD] (use any code or combination of codes that apply) [Refer to 15A NCAC 2N .0504 & .0505]

- | | | |
|--|--|--|
| A. Periodic tank tightness testing "TTT" | F. Interstitial monitoring-double walled tank/piping | J. Manual tank gauging |
| B. Inventory Control | G. Interstitial monitoring-secondary barrier | K. Statistical Inventory Reconciliation "SIR" |
| C. Automatic tank gauging "ATG" | H. Automatic line leak detectors "LLD" | O. Other method allowed by State Agency. Must specify. |
| D. Vapor monitoring | I. Line tightness testing "LTT" | N. None |
| E. Groundwater monitoring | | X. Exempt under 280.41(b)(2) (i)-(v) [piping only] |

* Options A, B, and C are not stand-alone methods and may only be used in one of the following combinations: A and B or C and B.

| | | | | | | |
|-------------------|-------------------|----------------|----------------|----------------|----------------|----------------|
| | Tank No. <u>4</u> | Tank No. _____ | Tank No. _____ | Tank No. _____ | Tank No. _____ | Tank No. _____ |
| | Tank | Piping | Tank | Piping | Tank | Piping |
| Use LD Codes | <u>N</u> | <u>N</u> | | | | |
| Date LD initiated | <u>N/A</u> | | | | | |

1. Upgrade (use any code or combination of codes that apply) [Refer to 15A NCAC 2N .0402]

Corrosion Protection

- | | | | |
|----------------------|-----------------------|------------------------|------------|
| A. Sacrificial Anode | C. FRP Tank/Piping | E. Steel/FRP composite | N. None |
| B. Impressed Current | D. Dielectric coating | F. Internal lining | U. Unknown |

| | | | | | | |
|--|-------------------|----------------|----------------|----------------|----------------|----------------|
| | Tank No. <u>4</u> | Tank No. _____ | Tank No. _____ | Tank No. _____ | Tank No. _____ | Tank No. _____ |
| | Tank | Piping | Tank | Piping | Tank | Piping |
| Use Corrosion Protection Codes (above) | <u>U</u> | <u>U</u> | | | | |
| Date Installed | <u>Unknown</u> | | | | | |

Spill and Overfill

- | | | | | |
|--------------------|-----------------------------|-------------------|---------------------|---------|
| A. Catchment Basin | B. Automatic Shutoff Device | C. Overfill Alarm | D. Ball Float Valve | N. None |
|--------------------|-----------------------------|-------------------|---------------------|---------|

| | | | | | |
|--------------------------|-------------------|----------------|----------------|----------------|----------------|
| | Tank No. <u>4</u> | Tank No. _____ | Tank No. _____ | Tank No. _____ | Tank No. _____ |
| Use Spill/Overfill Codes | <u>N</u> | | | | |
| Date Installed | <u>N/A</u> | | | | |

2. Substances Last, Currently, or to be stored in Greatest Quantity by Volume (mark all that apply)

| | | | | | | |
|---|-------------------|----------------|----------------|----------------|----------------|----------------|
| | Tank No. <u>4</u> | Tank No. _____ | Tank No. _____ | Tank No. _____ | Tank No. _____ | Tank No. _____ |
| a. Petroleum (Specify: Unleaded Reg., Unleaded Plus, Diesel, K-1, Used Oil, etc.) | <u>Gasoline</u> | | | | | |
| b. Hazardous Substance Please Indicate Name of Principal CERCLA Substance OR Chemical Abstract Service (CAS) No. | | | | | | |
| c. Other (specify) | | | | | | |

VI. FINANCIAL RESPONSIBILITY

☒ I have financial responsibility in accordance with 15A NCAC 2Q. Mark "X" here if financial responsibility compliance date is deferred by 15A NCAC 2Q Section .0202.

Method: _____

Insurer: _____

Policy Number: _____

VII. CERTIFICATION (Read and Sign After Completing Section I Thru VI.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Eric K. Lintz, Project Manager
Name and official title of owner or owner's authorized representative

Signature

5-6-94
Date Signed

| | | |
|---|--|---|
| NCDENR Division of Water Quality Groundwater Section | <h2 style="text-align: center;">Underground Storage Tank Operating Permit Application</h2> | Complete the questionnaire on the reverse side and return it with proper fee payment to: DENR-UST, P.O. Box 29535 Raleigh, NC 27626-0535 Attn: DWQ Budget Office |
|---|--|---|

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Envir. Prot. Dept.

MAY 11 1998

NORFOLK & WESTERN RAILWAY CO.
 110 FRANKLIN ROAD, S.E.
 ROANOKE
 VA 24042-0013

FILE

UST FACILITY ID #: 0-015171
 NORFOLK & WESTERN AUTO CAR RAMP
 5031 OLD WALKERTOWN ROAD
 WINSTON-SALEM
 NC 27105

A3 UST OWNER TEL. #: (703) 981-4994

| | | | |
|--------|-----------------|------------------|-------------------|
| TANK # | CAPACITY (GALS) | CONTENTS | INSTALLATION DATE |
| ----- | ----- | ----- | ----- |
| 4 | 9,999.00 | Gasoline/Mixture | 1964/01/01 |

7146240
27650A0

RECEIVED
N.C. Dept. of EHNR

JUN 08 1998

Winston-Salem

*Temporarily Closed tank is being pulled out will not be included on permit

If the above information is not correct or is incomplete, please make the corrections on this application and submit the required documentation (see "Step One" on Page 4).

PART A ☐ Check here if all regulated USTs at this facility are upgraded (corrosion protection and spill/overfill prevention equipment installed).

| VOLUME of TANK (GALLONS) | NUMBER of TANKS WITH PRODUCT (A) (B) | TOTAL NUMBER of TANKS | TANK FEE RATE | ANNUALLY or QUARTERLY AMOUNT DUE | PERIOD of COVERAGE |
|---------------------------------|--------------------------------------|---|-----------------------|----------------------------------|----------------------|
| greater than 3,500 | | | Balance Forward (1) = | 337.50 | FROM: 07/01/98 |
| 3,500 or less | | | X \$300.00 per (2) = | 300.00 | |
| | | | X \$200.00 per (3) = | .00 | |
| LAST PAYMENT RECEIVED: 06/17/96 | | PRORATED FEES (SEE INSTRUCTIONS) (4) = | | .00 | THROUGH: 06/30/99 |
| DATE LAST BILLED: 04/29/98 | | RETROACTIVE FEES (SEE INSTRUCTIONS) (5) = | | .00 | |
| BILLING DATE: 05/01/98 | | LATE PENALTY (6) = | | 337.50 | |
| DUE DATE: 06/01/98 | | TOTAL PAYMENT DUE (1)+(2)+(3)+(4)+(5)+(6) = | | 975.00 | |

☐ Check here for an ownership change. Previous Owner: _____ Current Owner: _____